U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only									
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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

						1/1/	2004 Through:	12 / 31	2004		
3. Name and address of person filing.					4. Name, file number, and address of labor organization.						
Name	Edward	C Thi	urman	Collis de la dela dela la collisión de la coll	Name	Engineers, (	Operating, AFL	-CIO, Loca	1 324		
					Labor	Organization File N	umber 019-088	3			
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Street	37450 Schoolcraft, Suite 110				Street 37450 Schoolcraft, Suite 110						
City	Livonia	ivonia				City Livonia					
State	Michigan	enemiente en	ZIP Code + 4	48150-1082	State	Michigan		ZIP Code + 4	48150-1082		
5. Positi	ion in labor organization.	'reasur	er and Rug	iness Agent							
	g and	T COLD OT	CI and bus	offices Agenc			net for the formation of the formation o		NOTIFICAL MATERIAL PROPERTY AND		
Ent	er appropriate data below If,	during th	e past fiscal vea	ar. vou or vour spo	use or min	or child directly or i	ndirectly had any of	the following in	ntaracte		
			(except as s	pecified in the excl	ısions set f	orth in the instructio	ons):	alo lonowing ii	11010313		
A. Held moneta	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.										
	e and address of Employer (i			***************************************	<del></del>	re of Interest, Trans					
Name			TEMPEROREERON (PAROLOGIS MERLACIONES ANTINAMENTA (PAROLOGIS ANTINAME		and a second	**************************************		eleteleteleteleteleteleteleteleteletele			
Trade	Name, if any:	MATRIX CONTROL			03.00.00.00.00.00.00.00.00.00.00.00.00.0				A)A-AAA-freezonous		
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City		SUMMER FREE FREE FREE FREE FREE FREE FREE					and the state of the				
State			ZIP Code + 4								
				Sign	ature						
submi	gnature and verification. T itted in this report (including t signed's knowledge and beli	he inform	ation contained	in any accompany	ina docume	ents), has been exa	mined by the signat	that all of the inf ory and is, to the	ormation e best of the		
Signe	ed El,	91			On	8-9-05	734-462-36	60	oppose proprieta de la proprie		
0		- Let	ar en	CODE STATES	J., L	Date	Entrancementary commencement and accomment	elephone Numbe	er		
Form LM-	-30 (2003)							**************************************	Page 1 of 2		

Name of Person Filing Edward Thurman		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer						
Name Blair Consulting Group							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 5315 Blair	Executive Control of the Control of						
City Troy							
State Michigan ZIP Code + 4 48085		-					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name	Provides business and financial consulting services to the Union and the Benefit Plans						
Trade Name, if any:	The state of the s	000000000000000000000000000000000000000					
P.O. Box, Bldg., Room No., if any							
Street	11.b. Approximate dollar valu	e of such dealing. \$175,000					
City	12.a. Nature of interest held	400000000000000000000000000000000000000					
State ZIP Code + 4	Hockey game. Paid traveling out of s	ets to the Detroit Red Wings for Dinner for Officer while tate. Expense were split with paid by the other individual.					
	12.b. Amount.	AFOO					
	12.b. Amount.	\$500					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.						
Name	NA PARAMAN NA PANAMAN NA PARAMAN						
Trade Name, if any:	Management of the Control of the Con						
P.O. Box, Bldg., Room No., if any	The state of the s						
Street	liandreli Domens	reservation					
City	onniconorererere						
State ZIP Code + 4	g Book 100 and 100 an						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						